

# STATE OF MARYLAND—CERTIFICATE OF DEATH

9999

## 1. PLACE OF DEATH

County Howard Registration Dist. No. 191  
 Village or City Ellicott City No. St Paul St St.     Ward      
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred     yrs.     mos.     ds. How long in U. S. if of foreign birth?     yrs.     mos.     ds.

## 2. FULL NAME

Maudie Mae Balderson If U. S. Veteran, specify WAR      
 (a) Residence: No. St Paul St St.     Ward.      
 (Usual place of abode) If nonresident give city or town and State    

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Frederick Balderson</u> (or) WIFE of <u>   </u>		
6. DATE OF BIRTH (month, day, and year) <u>Apr. 11, 1893</u>		
7. AGE Years <u>45</u> Months <u>5</u> Days <u>19</u>	If LESS than 1 day, <u>   </u> hrs. <u>   </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>   </u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-31</u>	
11. Total time (years) spent in this occupation <u>   </u>		

MOTHER   FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
	13. NAME <u>Silas Mae Keuzie</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
	15. MAIDEN NAME <u>Balderson</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Balderson</u>
	17. INFORMANT (Address) <u>Frederick Balderson</u> <u>Ellicott City</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's</u> Date <u>Oct 3, 1937</u>	
19. UNDERTAKER (Address) <u>Easton Sons</u> <u>Ellicott City</u>	
20. FILED <u>Oct 2, 1937</u> <u>John B. Laughan</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>Sept 30, 1937</u> (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from <u>8-1</u> , 19 <u>37</u> , to <u>9-30</u> , 19 <u>37</u> I last saw her alive on <u>9-30</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>6:30 P.</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Cancer of Uterus</u> Date of onset <u>1934</u>
Other Contributory Causes of importance: <u>   </u>

Name of operation <u>none</u> Date of <u>   </u>
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>   </u> Date of injury <u>   </u> , 19 <u>   </u> Where did injury occur? <u>   </u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury <u>   </u> Nature of injury <u>   </u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>   </u> (Signed) <u>George Burdick</u> M. D. (Address) <u>Ellicott City Md.</u>

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

**Example II**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Pilonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

10000

## 1. PLACE OF DEATH

County Howard

Village or City West Friendship

No. \_\_\_\_\_

Registration Dist. No. 197

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Martha Clark

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. West Friendship, Md.

Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Earnest Clark</u>		
6. DATE OF BIRTH (month, day, end year) <u>unk. 1881</u>		
7. AGE Years <u>56</u>	Months <u>-</u>	Days <u>-</u>
		If LESS then 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>at home</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1937</u>	
	11. Total time (years) spent in this occupation <u>Ripe</u>	

MOTHER	12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
	13. NAME <u>Unborn</u>
	14. BIRTHPLACE (city or town) (State or country) <u>1</u>
	15. MAIDEN NAME <u>Molly Giles</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
FATHER	17. INFORMANT <u>Earnest Clark</u> (Address) <u>West Friendship</u>
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Catholton, Md.</u> Date <u>Sept 10, 1937</u>
	19. UNDERTAKER <u>H. B. K. Whitham</u> (Address) <u>West Friendship, Md.</u>
	20. FILED <u>Sept 7, 1937</u> <u>Alice H. Cobb</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>9</u> <u>8</u> <u>7</u> (Month) (Day) (Year)	22. I HEREBY CERTIFY, That <u>Martha Clark</u> deceased from <u>9/8/37</u> to <u>9/8/37</u> . I last saw her alive on <u>9/8/37</u> , 19 <u>37</u> , death is said to have occurred on the date stated above, at <u>3 A.</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Chronic Int. Nephrosis</u>
Other Contributory Causes of importance: _____ _____ _____	
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of Injury _____ Nature of Injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>H. A. Barber</u> M. D. (Address) <u>Sykesville, Md.</u>	

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10001

## 1. PLACE OF DEATH

County

Howard

Registration Dist. No.

194

Village or City

Fulton

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

65 yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Frederick L. Osmania Jr.

(a) Residence: No.

Fulton Md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 15 1857

7. AGE

Years

Month

Days

If LESS than

1 day, hrs.

or min.

80

2

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

9-28-37

11. Total time (years) spent in this occupation

60 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME

Frederick L. Osmania

MOTHER

15. MAIDEN NAME

Elizabeth Sholtz

16. BIRTHPLACE (city or town)

(State or country)

Germany

17. INFORMANT

(Address)

Family Fulton Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Fulton Md

Date

OCT 12 1937

19. UNDERTAKER

(Address)

Floyd Kaiser Laurel Md

20. FILED

Sept 30 1937

J. A. Nichols

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 29

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

February

1934, to

Sept 29

1937

I last saw him alive on Sept 28, 1937; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

9-29-37

Arteriosclerosis

1917

Other Contributory Causes of Importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Physical

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Robert Lardo

M. D.

(Address)

Clarksville Md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10002

## 1. PLACE OF DEATH

County Howard Registration Dist. No. 191  
 Village or City Ellicott City R.F.D. 2 St.        Ward         
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 135 yrs. mos.        ds. How long in U.S. if of foreign birth? 47 yrs. mos.        ds.

## 2. FULL NAME

Anna Dyer  
 (a) Residence: No. Ellicott City R.D. #2 Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female White</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Frank Dyer</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 26, 1863</u>		
7. AGE Years <u>74</u>	Months <u>1</u>	Days <u>27</u> If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>      </u>	
	10. Date deceased last worked at this occupation (month and year) <u>      </u>	
		11. Total time (years) spent in this occupation <u>      </u>

12. BIRTHPLACE (city or town) Austria  
 (State or country)

13. NAME Resch

14. BIRTHPLACE (city or town) Austria  
 (State or country)

15. MAIDEN NAME Anna Wilhamen

16. BIRTHPLACE (city or town) Austria  
 (State or country)

17. INFORMANT Frank Dyer  
 (Address) Ellicott City R.D. #2

18. BURIAL, CREMATION, OR REMOVAL  
 Place St. Mary's Cemetery Date Sept 25, 1937

19. UNDERTAKER Easton Spence  
 (Address) Ellicott City Md.

20. FILED Sept 27, 1937 John B. Baughman  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 23, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Sept 23, 1937  
 I last saw him alive on Sept 23, 1937; death is said to have occurred on the date stated above, at 10:14 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Occlusion  
Arteriosclerosis  
 Date of onset 3 days

Other Contributory Cause of Importance:

Name of operation none Date of       

What test confirmed diagnosis?        Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?       

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify       

(Signed) John B. Baughman M. D.  
 (Address) Ellicott City Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN